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Bib Data Sheet

CONFIRMATION NO. 8517

SERIAL NUMBER 09/736,223	FILING DATE 12/15/2000 RULE	CLASS 707	GROUP ART UNIT 2176	ATTORNEY DOCKET NO.
APPLICANTS Gerard D. Lynch, Newburyport, MA; Chappell Floyd, Malden, MA; Dana Bruce Berenson, Bradford, MA; Andrew Shay Woodard, Raleigh, NC; Richard Joel Castello, Methuen, MA; Marcus Vinicius A. Goncalves, Hopkinton, MA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/29/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 51
INDEPENDENT CLAIMS 5				
ADDRESS Lacasse & Associates Randy W. Lacasse, Esq. Suite 806 2001 Jefferson Davis Highway Arlington, VA 22202				
TITLE Virtual access				
FILING FEE RECEIVED 714	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/736,223	FILING OR 371(c) DATE 12/15/2000 RULE	CLASS 707	GROUP ART UNIT 2176	ATTORNEY DOCKET NO. SYMC1029	
APPLICANTS Gerard D. Lynch, Newburyport, MA; Chappell Floyd, Malden, MA; Dana Bruce Berenson, Bradford, MA; Andrew Shay Woodard, Raleigh, NC; Richard Joel Castello, Methuen, MA; Marcus Vinicius A. Goncalves, Hopkinton, MA;					
** CONTINUING DATA ***** This appln claims benefit of 60/192,860 03/29/2000					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/29/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY MA	SHEETS DRAWING 13	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 5
ADDRESS 34350					
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